Casase 991-945 45 Doc leitm 221 File ideo 409170 60/10 Entherscl 1014/1070 to the entherscl 1014/1070

| B 10 (Official Form 10) (12/08) | | | | |
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| UNITED STATES BANKRUPTCY COURT Northern District of Indiana | | | PROOF OF CLAIM | |
| Name of Debtor. Romeo lusco and Monica lusco | | Case Numb | OF: 09-41945 | |
| NOTE. This form should not be used to make a claim for an administrative expense arising after the comments administrative expense may be filed pursuant to 11 U.S.C. & 501 | ement o | Tihe case. A | request for payment of an | |
| Name of Creditor (the person or other entity to whom the debtor owes money or property): Annama Matthew Name and address where notices should be sent: Howard L. Teplinsky, Ottenheimer Teplinsky Rosenbloom, LLC, 750 Lake Coo Road Suite 140, Buffalo Grove, IL 60089 Telephone number: (847) 520-7400 | k | ☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: (If known) Filed on: | | |
| Name and address where payment should be sent (if different from above). Telephone number: | | anyone of relating statements | its box if you are aware that the has filed a proof of claim to your claim. Attach copy of it giving particulars. | |
| 1. Amount of Claim as of Date Case Filed: \$ 37,500,00 | | | in this case. of Chrim Entitled to | |
| If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. | plete | Priority any par one of t | under il U.S.C. §507(n), if tion of your claim falls in he following categories, e box and state the | |
| U Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach item statement of interest or charges. | nized | | priority of the claim | |
| 2. Basis for Claim: See attached Amended Complaint (See Instruction #2 on reverse side.) | | ☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). | | |
| 3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.) 4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the request information. Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe: Morigage dated August 1, 2003 un property tocated at 3536 N. Lincoln Avenue, Chicago, Illinois Value of Property: 400,000.00 Annual Interest Rate Motor Vehicle Other Describe: Morigage dated August 1, 2003 un property tocated at 3536 N. Lincoln Avenue, Chicago, Illinois Value of Property: 400,000.00 Annual Interest Rate Motor Vehicle Other Describe: Morigage and other charges as of time case filed included its accurred claim, if any: 5_37,500.00 Basis for perfection: Amount of Secured Claim: \$_37,500.00 Amount Unsecured: \$ | n. | to \$10,95 before iti petition or business, U.S.C. §5 Contributi plan = 11 Up to \$2,4 purchase, or services household (a)(7). Taxes or p governmen (a)(8). Cother = Sp of 11 U.S. Amounts | | |
| If the documents are not available, please explain: | | 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. FUR COURT USE ONLY | | |
| Date: Signature: The person filing this claim must sign it. Sign and print name and title, if any, of other person authorized to file this claim and state address and telephone number if different fooddress above. Attach copy of power of attorney, if any. Penalty for presenting fraudation claim: Fine of up to \$500,000 or imprisonment for up to \$ years or the person of the | from the | notice | | |